

USDA BSE SURVEILLANCE SUBMISSION FORM

Page of

COLLECTION SITE TYPE (Select only one)

- Slaughter Plant Diagnostic Lab
 Renderer 3D-4D
 On Farm
 Public Health Lab
 Other, describe:

Testing Laboratory Use Only
[Accession or Identification Number]

BSE Referral Number:

COLLECTION SITE

COLLECTED BY

Premises ID	or FSIS Plant #	Business Name:
Business Name:	Name:	
Name:	Street:	
Street:	City:	State: Zip:
City:	State:	Zip:
Lat / Long:	Phone:	Fax:
Phone:	Fax:	
E-Mail:		

SUBMITTED BY or if Same as Collected By

Use a separate submission form for each collector, collection site, and collection date combination. Attach a separate Bar Code Sticker (if available) for each sample in the spaces below. Sample IDs must match Sample IDs on BSE Surveillance Data Collection Forms. Attach a separate BSE Surveillance Data Collection Form for each animal.

Business Name:		
Name:		
Street:		
City:	State:	Zip:
Phone:		
E-Mail:		

SAMPLE INFORMATION

NUMBER OF SAMPLES: **PRESERVATION:** Ice Pack Other

1 BSE Sample ID	6 BSE Sample ID	11 BSE Sample ID	16 BSE Sample ID
2 BSE Sample ID	7 BSE Sample ID	12 BSE Sample ID	17 BSE Sample ID
3 BSE Sample ID	8 BSE Sample ID	13 BSE Sample ID	18 BSE Sample ID
4 BSE Sample ID	9 BSE Sample ID	14 BSE Sample ID	19 BSE Sample ID
5 BSE Sample ID	10 BSE Sample ID	15 BSE Sample ID	20 BSE Sample ID

ADDITIONAL DATA (attach additional page(s) if needed)

COLLECTION Date:	TESTING LAB:	SIGNATURE OF SUBMITTER:		
SHIPPING Date:				
CONDITION: Lab Use Only	DISTRIBUTION: Lab Use Only	RECEIVED BY: Lab Use Only	RECEIVED DATE: Lab Use Only	AIRBILL / SHIPMENT TRACKING NO.: